☑ COVERING , DUE AUGUS	ULY 1 THROUGH DECEMBER 31		FOR OFFICE USE ONLY Postmark Date:
	instructions		8/00 FF
Plaza Blvd., Suite 200 This form must be de	ber in spaces provided. um to Board of Ethics, 8401 United Baton Rouge, LA 70809 (225) 922-1400 or (4 livered or postmerked by the due date ed to (225)922-1414. The original should by		
on the day of fax tran		o loi svalued	1072798
			-, -
1. Name <u>Beckstron</u> Last	Mark First	MI	:
2. Business Address	Ochsner Clinic Foundation Street and No.	880 Commerce Road We	- :
	New Orleans	LA State	70123 Zip
Mailing Address	Ochener Clinic Foundation Street and No. New Orleans City	880 Commerce Road We	70123 Zip
3. Business Phone	604-842-3228 Area code and Telephone Number		
4. Total of all expend (include expenditures from	itures made January 1 through June Schedules A and 5)	30: _\$	100.00
	tures made July 1 through December (Include expenditures from Schedules A and 8)	r31: <u>\$</u>	0.00
6. Total of all expendi (Line 4 added with Line 5 a	tures made during calendar year: hould equal Line 5)	<u>\$</u>	
7. Did you make an e.	xpenditure exceeding \$50 on one occ	casion for any one leg	gisl ato r.
From January 1 th	rough June 30? 🗍 Yes 🛛	☑ No	

If the answer to either question in Number 7 above is YES, please complete Schedule A and attach.

☐ Yes

From July 1 through December 31?

☐ No

■ NA

LOBBYING EXPENDITURE REPORT



8. Dld you make expanditures exceeding the sum of \$250 for any one legislator.					
	From January 1 through June 30? Yes No From July 1 through December 31? Yes No				
	If the answer to either question in Number 8 above is YES, please complete Schedule A and attach.				
9. Did you expend funds for a reception, social gathering, or other function to which the entire legislature, either house, any standing committee, select committee, statutory committee, committee created by resolution of either house, subcommittee of any committee, recognized caucus, or any delegation thereof were invited during the reporting period?					
	☐ Yes				
If the answer to Number 9 above is YES, please complete Schedule B and attach.					
Certification of Accuracy					
I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief that all reportable expenditures have been included herein; and that no information required by the Lobbyist Disclosure Act (LSA-R.S. 24:50 et seq.] has been deliberately omitted.					
	Signature of Lobbyist Mass M. Becksha				